Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-418-5515

Diphtheria

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ___/___/___

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Fever** Highest measured temp: _____ °F Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	**Moderate to severe sore throat**
☐	☐	☐	☐	**Difficulty breathing**
☐	☐	☐	☐	Neck swelling
☐	☐	☐	☐	Runny nose (coryza)
☐	☐	☐	☐	Drainage from ears
☐	☐	☐	☐	Skin ulcer

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Respiratory infection
☐	☐	☐	☐	Heavy drinker
☐	☐	☐	☐	If child, parent is heavy drinker

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Stridor
☐	☐	☐	☐	Pharyngitis
☐	☐	☐	☐	**Adherent gray nasopharyngeal membrane**
☐	☐	☐	☐	Cervical lymph node enlargement
☐	☐	☐	☐	Bloody nasal discharge
☐	☐	☐	☐	Ear drainage
☐	☐	☐	☐	Myocarditis
☐	☐	☐	☐	Polyneuritis
☐	☐	☐	☐	Cutaneous (note that skin lesion alone does not meet definition for reportable diphtheria)

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy Place of death _____

Vaccination

Y	N	DK	NA	
☐	☐	☐	☐	Vaccine up to date for diphtheria

Date last vaccine prior to illness: ___/___/___
doses diphtheria vaccine prior to illness: ____
Vaccine series not up to date reason:
☐ Religious exemption
☐ Medical contraindication
☐ Philosophical exemption
☐ Previous infection confirmed by laboratory
☐ Previous infection confirmed by physician
☐ Parental refusal ☐ Under age for vaccination
☐ Other: _____ ☐ Unk

Laboratory

Collection date ___/___/___

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

P	N	I	O	NT	
☐	☐	☐	☐	☐	***C. diphtheriae*** **culture (clinical specimen, not from skin lesion)**
☐	☐	☐	☐	☐	**Histopathologic diagnosis of diphtheria**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Washington State Department of Health **Case Name:** _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period		onset	Contagious period*
Days from onset:	-5	-2		≤14 days
Calendar dates:				

** Rare chronic carriers may shed organism for 6+ months. If treated, shedding terminates promptly after initiation of effective antibiotic therapy.*

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____
_____

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness

☐ ☐ ☐ ☐ **Epidemiologically linked directly to a culture or PCR confirmed case**

☐ ☐ ☐ ☐ Contact with lab confirmed case
Age of person from whom this case contracted diphtheria: _____ days/months/years

☐ ☐ ☐ ☐ Work or volunteer in health care setting or as EMT during exposure period
Facility name: _____

Y N DK NA

☐ ☐ ☐ ☐ Congregate living Type:
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____

☐ ☐ ☐ ☐ Exposure setting identified:
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel
☐ Other, specify: _____ ☐ Unknown

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)

☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

☐ **Patient could not be interviewed**

☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date/time antibiotic treatment began: ___/___/___ _____ AM PM # days antibiotic actually taken: _____

☐ ☐ ☐ ☐ Diphtheria antitoxin given Date/time given: ___/___/___ _____ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Work/volunteer in health care setting while contagious: Facility name: _____

☐ ☐ ☐ ☐ Visited health care setting while contagious
Facility name: _____
Number of visits: _____ Date(s): ___/___/___

☐ ☐ ☐ ☐ Face to face contact with newborns, unimmunized children, women > than 7 months pregnant or others at risk for severe complications

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)

☐ ☐ ☐ ☐ Documented transmission
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Prophylaxis of appropriate contacts recommended
Number of contacts receiving prophylaxis: _____
Number of contacts recommended prophylaxis: _____
Number of contacts completing prophylaxis: _____

☐ Strict respiratory isolation until 2 negative cultures or until 14 days of treatment completed

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____ **Record complete date** ___/___/___

Diphtheria: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered